Case 19-13898-VFP Doc 1 Filed 02/26/19 Entered 02/26/19 16:23:24 Desc Main Document Page 1 of 9

| Fill | in this information to ident | ify your case: | | | |
|-------|--|--|---|---|-------------|
| Uni | ted States Bankruptcy Court | for the: | | | |
| DIS | TRICT OF NEW JERSEY | | | | |
| Cas | se number (if known) | Chapt | er <u>11</u> | | |
| | | | | Check if this an amended filing | |
| | | | | | |
| | | | | | |
| - | ficial Form 201 | | =90° (D) | | |
| | | on for Non-Individuals I | | | 4/16 |
| If me | ore space Is needed, attach more information, a separa | n a separate sheet to this form. On the top of an ite document, <i>instructions for Bankruptcy Forn</i> | y additional pages, write the c ns for Non-Individuals, is avail | lebtor's name and case number able. | (if known). |
| 4 | Debtor's name | Immuna Oncology Pharmacouticals Inc | | | |
| 1. | Deptor's name | Immune Oncology Pharmaceuticals, Inc | | | |
| 2. | All other names debtor used in the last 8 years | | | | |
| | Include any assumed names, trade names and doing business as names | | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | | | | |
| 4. | Debtor's address | Principal place of business | Mailing address business | s, if different from principal place | e of |
| | | 1 Bridge Plaza North | | | |
| | | Sulte 270 Fort Lee, NJ 07024 | | | |
| | | Number, Street, City, State & ZIP Code | P.O. Box, Numb | er, Street, City, State & ZIP Code | |
| | | Bergen County | Location of prin | ncipal assets, if different from pr ss | rincipal |
| | | | Number, Street, | City, State & ZIP Code | |
| 5. | Debtor's website (URL) | www.immunepharma.com | | | |
| 6. | Type of debtor | Corporation (including Limited Liability Comp | nany (LLC) and Limited Liability | Partnershin (LLP)\ | |
| | | ☐ Partnership (excluding LLP) | any (LEO) and chilica clability | aranoromp (cci // | |
| | | ☐ Other. Specify: | | | |
| | | | | | |

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| Debte | Immune Oncology Ph | narmaceuticals, | Inc. | | Ca | se number (if known) | | |
|-------|---|---|--------|---------------------------|---------------------------------------|--|--|--|
| | Name | | | | | | | |
| 7. | Describe debtor's business | A. Check one: | | | | | | |
| | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | · | | as defined in 11 U.S.C. | | | | |
| | | • | , | fined in 11 U.S.C. § 7 | • | | | |
| | | None of the ab | , | | (- // | | | |
| | | B. Check all that a | vlaar | | | | | |
| | | _ | | described in 26 U.S.C | c. §501) | | | |
| | | · | | | - | stment vehicle (as defined in 15 U.S.C. §80a-3) | | |
| | | | | as defined in 15 U.S.C | | | | |
| | | C. NAICS (North A | Americ | an Industry Classificat | ion System) 4-c | ligit code that best describes debtor: | | |
| | | See http://www | uscou | urts.gov/four-digit-natio | nal-association | -naics-codes, | | |
| | | 3254 | | | | | | |
| 8. | Under which chapter of the | Check one: | ****** | 4=4 | , | The state of the s | | |
| ٠, | Bankruptcy Code is the | ☐ Chapter 7 | | | | | | |
| | debtor filing? | ☐ Chapter 9 | | | | | | |
| | | Chapter 11. C | heck a | II that annly | | | | |
| | | - Chapter 11. O | _ | | | wideted debte (evaluation debte award to incidence or offiliates) | | |
| | | | | are less than \$2,566, | oncontingent iit 050 (amount st | quidated debts (excluding debts owed to insiders or affiliates) ubject to adjustment on 4/01/19 and every 3 years after that). | | |
| | | | | business debtor, atta | ch the most rec al income tax re | or as defined in 11 U.S.C. § 101(51D). If the debtor is a small ent balance sheet, statement of operations, cash-flow sturn or if all of these documents do not exist, follow the | | |
| | | | | A plan is being filed v | | | | |
| | | | | , | Ian were solicit | ed prepetition from one or more classes of creditors, in | | |
| | | | | | • | reports (for example, 10K and 10Q) with the Securities and | | |
| | | | | Exchange Commissi | on according to ary Petition for a | § 13 or 15(d) of the Securities Exchange Act of 1934. File the Non-Individuals Filing for Bankruptcy under Chapter 11 | | |
| | | | | | | fined in the Securities Exchange Act of 1934 Rule 12b-2. | | |
| | | ☐ Chapter 12 | _ | 1110 000,01 10 0 011011 | 55111pa.11j 45 55 | | | |
| | | | | | | | | |
| 9. | Were prior bankruptcy | ■ No. | | | | | | |
| | cases filed by or against the debtor within the last 8 years? | ☐ Yes. | | | | | | |
| | If more than 2 cases, attach a separate list. | District | | | When | Case number | | |
| | separate list. | District | | | - | Case number | | |
| 40 | Annual balls to the | | | | | The state of the s | | |
| 10. | Are any bankruptcy cases pending or being filed by a | □ No | | | | | | |
| | business partner or an affiliate of the debtor? | Yes. | | | | | | |
| | List all cases. If more than 1, attach a separate list | Debtor | See | Attachment | | Relationship | | |
| | anavii a sepaiale list | District | | | When | Case number, if known | | |
| - | | 21011100 | | | | | | |

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| Debt | or Immune Oncology | Immune Oncology Pharmaceuticals, Inc. | | | Case number (if known) | | | |
|-------|--|--|--|--|---|--|--|--|
| | Name | | | | | | | |
| 11. | Why is the case filed in | Check all that a | oply: | | | | | |
| | this district? | Debtor ha | or has had its domicile, principal place of business, or principal assets in this district for 180 days immediately ding the date of this petition or for a longer part of such 180 days than in any other district. | | | | | |
| | | A bankru | otcy case concerning del | btor's affiliate, general partner, or partners | hip is pending in this district. | | | |
| 12 | Does the debtor own or | | | | | | | |
| , | have possession of any real property or personal | ■ No I ☐ Yes. Answer below for each property | | ty that needs immediate attention. Attach | additional sheets if needed. | | | |
| | property that needs immediate attention? | Why | does the property need | immediate attention? (Check all that ap | ply.) | | | |
| | | □ lt p | oses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. | | | | | |
| | | Wh | at is the hazard? | | | | | |
| | | □ lt ı | needs to be physically se | ds to be physically secured or protected from the weather. | | | | |
| | | □ It i live | ncludes perishable good stock, seasonal goods, i | ls or assets that could quickly deteriorate of meat, dairy, produce, or securities-related | or lose value without attention (for example, assets or other options). | | | |
| | | □ Ot | her | | | | | |
| | | When | e is the property? | | | | | |
| | | | | Number, Street, City, State & ZIP Code | | | | |
| | | is the | property Insured? | | | | | |
| | | □ No |) | | | | | |
| | | ☐ Ye | s. Insurance agency | | | | | |
| | | | Contact name | | | | | |
| | | | Phone | | | | | |
| N.Com | | | | | | | | |
| | Statistical and admir | | | | | | | |
| 13. | Debtor's estimation of available funds | Check o | | | | | | |
| | | 33.00 | , | stribution to unsecured creditors. | | | | |
| | | ☐ After | any administrative expe | nses are paid, no funds will be available to | o unsecured creditors. | | | |
| 14. | Estimated number of | 1 -49 | | 1 ,000-5,000 | 25,001-50,000 | | | |
| | creditors | □ 50-99 | | □ 5001-10,000 | 50,001-100,000 | | | |
| | | <u> </u> | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| | | □ 200-999 | | | | | | |
| 15. | Estimated Assets | \$ 0 - \$50,000 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | | □ \$50,001 - \$1 | | □ \$10,000,001 ~ \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | <u> </u> | | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | □ \$500,001 - \$ | 1 million | □ \$100,000,001 - \$500 Million | ☐ More than \$50 billion | | | |
| 16. | Estimated liabilities | \$0 - \$50,000 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | | □ \$50,001 - \$ | | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | □ \$100,001 - \$ | 500,000 | ☐ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | □ \$500,001 - \$ | 1 million | □ \$100,000,001 - \$500 million | Liviore than \$50 billion | | | |

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| ebtor | Immune Oncology | Pharmaceuticals, Inc. | | Case number (if known) | | | |
|---|---|--|---|--|--|--|--|
| | Name | | | | | | |
| | Request for Relief, D | Declaration, and Signatures | | | | | |
| VARNIN | IG Bankruptcy fraud i imprisonment for t | is a serious crime. Making a false statem up to 20 years, or both. 18 U.S.C. §§ 152 | ent in connection with a 2, 1341, 1519, and 3571 | bankruptcy case can result in fines up to \$500,000 or | | | |
| 7. Deciaration and signature of authorized representative of debtor | | The debtor requests relief in accordar | | tle 11, United States Code, specified in this petition. | | | |
| | | I have examined the information in this petition and have a reasonable bellef that the information is trued and correct. | | | | | |
| | | I declare under penalty of perjury that | the foregoing is true and | d correct. | | | |
| | , | Executed on February 26, 2019 MM / DD / YYYY | | Tony Fiorino | | | |
| | • | Signature of authorized representative | e of debtor | Printed name | | | |
| | | Title President | 11.70 SW 100 W 100 W | | | | |
| | | | | | | | |
| I8. Sigr | nature of attorney | Signature of attorney/for debtor | <i></i> | Date February 26, 2019 MM / DD / YYYY | | | |
| | | Morris S. Bauer, Esq. 03971199 Printed name | 0 | | | | |
| | | Norris McLaughlin, P.A. Firm name | | variation of the second of the | | | |
| | | 400 Crossing Blvd 8th Floor | | | | | |
| | | Bridgewater, NJ 08807 Number, Street, City, State & ZIP Co. | de | | | | |
| | | Contact phone 908-722-0700 | Emall address | msbauer@norris-law.com | | | |
| | | 039711990 NJ | | | | | |
| | | Bar number and State | Carlo | | | | |

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| Fill in this information to identify your case: | | |
|--|------------|-----------------------------------|
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY | | |
| Case number (if known) | Chapter 11 | |
| A | | ☐ Check if this an amended filing |

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

| Debtor | Cytovia, Inc. | | | Relationship to you | Affiliate |
|----------|--------------------------------|----------|---------|-----------------------|-----------|
| District | New Jersey | When | | Case number, if known | |
| Debtor | Immune Pharmaceuticals USA Cor | poration | | Relationship to you | Affiliate |
| District | New Jersey | When | | Case number, if known | |
| Debtor | Immune Pharmaceuticals, Inc. | | | Relationship to you | Affiliate |
| District | New Jersey | When | 2/17/19 | Case number, if known | 19-13273 |
| Debtor | Immune Pharmaceuticals, Ltd. | | | Relationship to you | Affiliate |
| District | New Jersey | When | 2/22/19 | Case number, if known | 19-13710 |
| Debtor | Maxim Pharmaceuticals, Inc. | | | Relationship to you | Affiliate |
| District | New Jersey | When | | Case number, if known | |

RESOLUTION OF BOARD OF DIRECTORS OF IMMUNE ONCOLOGY PHARMACEUTICALS, INC.

I, Anthony Fiorino a/k/a Tony Fiorino, the President and sole Director of Immune Oncology Pharmaceuticals, Inc. (the "Company"), a Delaware corporation, hereby certify that at a Special Meeting of the Board of Directors of said corporation, the sole director consented to the following resolution:

Whereas, it is in the best interest of the Company to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Anthony Fiorino, President and sole Director of the Company, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the Company; and

Be It Further Resolved, that Anthony Fiorino, the President and sole Director of the Company is authorized and directed to appear in all bankruptcy proceedings on behalf of the Company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Company in connection with such bankruptcy case; and

Be It Further Resolved, that Anthony Fiorino, the President and sole Director of the Company, is authorized and directed to employ the law firm of Norris McLaughlin, P.A. to represent the Company in such bankruptcy case; and

IN WITNESS WHEREOF, I have hereunto set my hand on this 26th day of February, 2019.

Anthony Fiorino (a/k/a Tony Fiorino), President and sole Director

The above is a true copy of the Minute of a Special Meeting held by the Board of Directors of the above named company the day and year stated above.

John Clark, Secretary/Treasurer

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| Fill in this information to identify the case: | |
|--|-----------------------|
| Debtor name Immune Oncology Pharmaceuticals, Inc. | |
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY | ☐ Check if this is an |
| Case number (if known): | amended filing |
| | |

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and
Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Nature of claim (for example, trade debts, bank loans, professional services, | indicate if claim is contingent, unliquidated, or disputed | jent, If the claim is fully unsecured, fill in on ed, or claim is partially secured, fill in total claim. | | ount and deduction for | |
|---|--|---|---|---|------------------------|--|
| | and government contracts) | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| -NONE- | | | | | | |

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United States Bankruptcy Court District of New Jersey

| ln re | Immune Oncology Pharmaceuticals, Inc | C. | Case No. | |
|-------------------|--|--|-------------------------------------|--|
| | X | Debtor(s) | Chapter | 11 |
| | | | | |
| | CORPORATE (| OWNERSHIP STATEMENT (| RULE 7007.1) | |
| recusa that th | ant to Federal Rule of Bankruptcy Proce I, the undersigned counsel for Immune e following is a (are) corporation(s), other more of any class of the corporation's(| Oncology Pharmaceuticals, Inc. er than the debtor or a governme | in the above c ntal unit, that d | aptioned action, certifies lirectly or indirectly own(s) |
| 1 Brid Suite | ne Pharmaceuticals, Inc. ge Plaza North 270 ee, NJ 07024 | | | |
| | | | | |
| □ Nor | ne [Check if applicable] | | | |
| Febru Date | ary 26, 2019 | Morris S. Bauer, Esq. 039711990 | | |
| | | Signature of Attorney or Litiga Counsel for Immune Oncolog Norris McLaughlin, P.A. 400 Crossing Blvd 8th Floor Bridgewater, NJ 08807 908-722-0700 Fax:908-722-0755 msbauer@norris-law.com | | als, Inc. |

| Fill in this information to identify the case: | |
|--|--|
| Debtor name Immune Oncology Pharmaceuticals, Inc. | |
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY | |
| Case number (If known) | Check if this is an amended filling |
| Official Form 202 Declaration Under Penalty of Perjury for Non-Individual | ual Debtors 12/15 |
| An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partr form for the schedules of assets and liabilities, any other document that requires a declaration that is not amendments of those documents. This form must state the individual's position or relationship to the del and the date. Bankruptcy Rules 1008 and 9011. | included in the document, and any |
| WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obta connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, 1519, and 3571. | ining money or property by fraud in or both. 18 U.S.C. §§ 162, 1341, |
| Declaration and signature | |
| I am the president, another officer, or an authorized agent of the corporation; a member or an authorized a individual serving as a representative of the debtor in this case. | gent of the partnership; or another |
| I have examined the information in the documents checked below and I have a reasonable belief that the li | nformation is true and correct: |
| Schedule A/B; Assets–Real and Personal Property (Official Form 206A/B) | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| Schedule G. Executory Contracts and Unexpired Leases (Official Form 208G) | |
| Schedule H: Codebtors (Official Form 206H) | |
| ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum) ☐ Amended Schedule | |
| ☐ Amended Schedule ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and | Are Not Insiders (Official Form 204) |
| Other document that requires a declaration Corproate Ownership Statement (Rule 700 | |
| Only desirate managed a desiration of the second of the se | |
| I declare under penalty of perjury that the foregoing is true and correct. | |
| Executed on February 26, 2019 X | |
| Signature of individual signing on behalf of debtor | |
| Tony Fiorino | |
| Printed name | |
| President | |
| Position or relationship to debtor | 41-6-2 |

Official Form 202